

Section II. Financial Information (continued)

A-D: Use additional space below as needed. Be sure to include the letter of the question you are answering.

Key to "Letter" abbreviations: A= Sources of Income B = Fees and Honorariums C = Gifts, reimbursements etc. D = Business organizations

Letter	Name	Address	Self	Spouse	Dependent Name
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

E. List the address and a brief description of all real property in the State of New Jersey in which an interest was held.

	Municipality	County	Block	Lot	Qual.	Address	% of Ownership	Self	Spouse	Dependent Name
1.								<input type="checkbox"/>	<input type="checkbox"/>	
2.								<input type="checkbox"/>	<input type="checkbox"/>	
3.								<input type="checkbox"/>	<input type="checkbox"/>	
4.								<input type="checkbox"/>	<input type="checkbox"/>	
5.								<input type="checkbox"/>	<input type="checkbox"/>	
6.								<input type="checkbox"/>	<input type="checkbox"/>	
7.								<input type="checkbox"/>	<input type="checkbox"/>	
8.								<input type="checkbox"/>	<input type="checkbox"/>	
9.								<input type="checkbox"/>	<input type="checkbox"/>	
10.								<input type="checkbox"/>	<input type="checkbox"/>	